

CFR Document 232 Filed 01/2

POLICE ACCIDENT REPORT (NYC)

MV-104AN (5/04)

☐ AMENDED REPORT

Precinct 010		Accident No. #458		Complaint Number 991			
Accident Date Month 02 Day 25 Year 2007		Day of Week SUN		Military Time 2120		No. of Vehicles 1	
No. Injured 1		No. Killed 0		Not Investigated at Scene <input type="checkbox"/>		Left Scene <input type="checkbox"/>	
Reconstructed <input checked="" type="checkbox"/>		Police Photos <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>			
VEHICLE 1 License ID Number P34625447902555 State of Lic. NJ				VEHICLE 2 License ID Number D1251187 State of Lic. CA			
Driver Name - exactly as printed on license MICHAEL R PHILIPS				Driver Name - exactly as printed on license SABINA BEATA PARADI			
Address (Include Number & Street) 2 ROBIN ROAD Apt. No. 				Address (Include Number & Street) 116 GATETREE CT Apt. No. 			
City or Town RUMSON State NJ Zip Code 07760				City or Town DANVILLE State CA Zip Code 94526			
Date of Birth Month 02 Day 20 Year 55 Sex M		Unlicensed <input type="checkbox"/> No. of Occupants 1		Date of Birth Month 04 Day 19 Year 83 Sex F		Unlicensed <input type="checkbox"/> No. of Occupants 	
Name - exactly as printed on registration MICHAEL R PHILIPS M		Date of Birth Month 02 Day 20 Year 55		Name - exactly as printed on registration SABINA BEATA PARADI		Date of Birth Month 04 Day 19 Year 83	
Address (Include Number & Street) 2 ROBIN ROAD Apt. No. 		Haz. Mat. Code <input type="checkbox"/> Released <input type="checkbox"/>		Address (Include Number & Street) Apt. No. 		Haz. Mat. Code <input type="checkbox"/> Released <input type="checkbox"/>	
City or Town RUMSON State NJ Zip Code 07760		City or Town State Zip Code 		City or Town State Zip Code 		City or Town State Zip Code 	
Plate Number CHP88D State of Reg. NJ		Vehicle Year & Make 1988 CHEVY PU		Plate Number State of Reg. 		Vehicle Year & Make 	
Vehicle Type Ins. Code 903		Vehicle Type Ins. Code 		Vehicle Type Ins. Code 		Vehicle Type Ins. Code 	
Ticket/Arrest Number(s) SUM# OAC8786982				Ticket/Arrest Number(s) 			
Violation Section(s) 4-03(A)(1)(I)				Violation Section(s) 			
Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.				Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.			
VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact 12 2 Box 2 - Most Damage Enter up to three more Damage Codes 3 4 5				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact 1 2 Box 2 - Most Damage Enter up to three more Damage Codes 3 4 5			
Vehicle By N/A Towed To 				Vehicle By Towed To 			
VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER				Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. Rear End 1. 3. 5. 7. 9. 11. 13. 15. 17. 19. 21. 23. 25. 27. 29. 31. 33. 35. 37. 39. 41. 43. 45. 47. 49. 51. 53. 55. 57. 59. 61. 63. 65. 67. 69. 71. 73. 75. 77. 79. 81. 83. 85. 87. 89. 91. 93. 95. 97. 99. 101. 103. 105. 107. 109. 111. 113. 115. 117. 119. 121. 123. 125. 127. 129. 131. 133. 135. 137. 139. 141. 143. 145. 147. 149. 151. 153. 155. 157. 159. 161. 163. 165. 167. 169. 171. 173. 175. 177. 179. 181. 183. 185. 187. 189. 191. 193. 195. 197. 199. 201. 203. 205. 207. 209. 211. 213. 215. 217. 219. 221. 223. 225. 227. 229. 231. 233. 235. 237. 239. 241. 243. 245. 247. 249. 251. 253. 255. 257. 259. 261. 263. 265. 267. 269. 271. 273. 275. 277. 279. 281. 283. 285. 287. 289. 291. 293. 295. 297. 299. 301. 303. 305. 307. 309. 311. 313. 315. 317. 319. 321. 323. 325. 327. 329. 331. 333. 335. 337. 339. 341. 343. 345. 347. 349. 351. 353. 355. 357. 359. 361. 363. 365. 367. 369. 371. 373. 375. 377. 379. 381. 383. 385. 387. 389. 391. 393. 395. 397. 399. 401. 403. 405. 407. 409. 411. 413. 415. 417. 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3175. 3177. 3179. 3181. 3183. 3185. 3187. 3189. 3191. 3193. 3195. 3197. 3199. 3201. 3203. 3205. 3207. 3209. 3211. 3213. 3215. 3217. 3219. 3221. 3223. 3225. 3227. 3229. 3231. 3233. 3235. 3237. 3239. 3241. 3243. 3245. 3247. 3249. 3251. 3253. 3255. 3257. 3259. 3261. 3263. 3265. 3267. 3269. 3271. 3273. 3275. 3277. 3279. 3281. 3283. 3285. 3287. 3289. 3291. 3293. 3295. 3297. 3299. 3301. 3303. 3305. 3307. 3309. 3311. 3313. 3315. 3317. 3319. 3321. 3323. 3325. 3327. 3329. 3331. 3333. 3335. 3337. 3339. 3341. 3343. 3345. 3347. 3349. 3351. 3353. 3355. 3357. 3359. 3361. 3363. 3365. 3367. 3369. 3371. 3373. 3375. 3377. 3379. 3381. 3383. 3385. 3387. 3389. 3391. 3393. 3395. 3397. 3399. 3401. 3403. 3405. 3407. 3409. 3411. 3413. 3415. 3417. 3419. 3421. 3423. 3425. 3427. 3429. 3431. 3433. 3435. 3437. 3439. 3441. 3443. 3445. 3447. 3449. 3451. 3453. 3455. 3457. 3459. 3461. 3463. 3465. 3467. 3469. 34			

PERSONS KILLED OR INJURED IN ACCIDENT (Letter designation of persons killed or injured must be reported)

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A Last Name		M.I.		D Last Name		M.I.	
Address				Address			
Date of Birth		Telephone (Area Code)		Date of Birth		Telephone (Area Code)	
Month	Day	Year	()	Month	Day	Year	()
B Last Name		First		E Last Name		First	
PARADI, SABINA, B		M.I.		E Last Name		M.I.	
Address				Address			
116 GATE TREE CT - DANVILLE, CA							
Date of Birth		Telephone (Area Code)		Date of Birth		Telephone (Area Code)	
Month	Day	Year	(925) 820-6249	Month	Day	Year	()
C Last Name		First		Highway Dist. at Scene?		Name:	
		M.I.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Address				Shield No.			
Date of Birth		Telephone (Area Code)					
Month	Day	Year	()				

ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.

Vehicle No. 1 9802418171051 Vehicle No. 2 _____

Expiration Date 4-01-07 Expiration Date _____

VIN 2GCFK24K5J1181081 VIN _____

WITNESS (Attach separate sheet, if necessary)

Name MATTHEW C BLANK Address 61 DAYNO ST, MANHATTAN Phone 408-898-8847

DUPLICATE COPY REQUIRED FOR:

☒ Dept. of Motor Vehicles (if anyone is killed/injured) ☐ Motor Transport Division (P.D. vehicle involved) ☐ NYC Taxi & Limousine Comm. (if a Licensed taxi or limousine involved) ☐ Other City Agency (Specify) _____

☐ Office of Comptroller (if a City vehicle involved) ☐ Personnel Safety Unit (if a P.D. vehicle involved) ☒ Highway Unit 3

NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list Missing Person Squad member who was notified. In either case, give date and time of notification.)

SHELY MOORE, MOTHER, 2-25-07 @ 2230 (925) 820-6249

PROPERTY DAMAGED (other than vehicles)	OWNER OF PROPERTY (include city agency, where applicable)

IF NYPD VEHICLE IS INVOLVED:

Police Vehicle-Operator's First Name		Last Name		Rank	Shield No.	Tax ID. No.	Command
Make of Vehicle	Year	Type of Vehicle	Plate No.	Dept. Vehicle No.		Assigned To What Command	

Equipment in Use At Time of Accident

☐ Siren ☐ Horn ☐ Turret Light ☐ 4-Way Flasher ☐ High-Level Warning Lights ☐ Traffic Cones ☐ Headlights

ACTIONS OF POLICE VEHICLE

☐ Responding to Code Signal _____ ☐ Complying with Station House Directive

☐ Pursuing Violator ☐ Routine Patrol

☐ Other (Describe) _____

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STATEMENT OF: **FIRST NAME** MATTHEW C **LAST NAME** BLANK **PCT.** 10 **ACCIDENT NO.** 718-565-6500 EXT 32 **COMPLAINANT** 718-565-6500 EXT 32

RESIDENCE ADDRESS 61 Bayard St #14 N.Y.C. N.Y. 10013 **RESIDENCE TEL. NO.** 408-892-8847 **BUSINESS TEL. NO.**

LOCATION OF INTERVIEW ☐ SCENE OF ACCIDENT ☐ PRECINCT STATION HOUSE ☒ OTHER (DESCRIBE) TELEPHONE **TIME OF REPORT** 0430 **DATE** 2/26/07

IDENTITY OF ABOVE NAMED PERSON ☐ OPERATOR OF VEH. NO. ☐ PASSENGER IN VEH. NO. ☐ PEDESTRIAN ☒ WITNESS COMPANION OF VICTIM **DATE OF BIRTH** 01-09-83 **Month** 2 **Day** 26

DATE OF ACC. 2-25-07 **TIME** 2120 **LOCATION** W/B 37ST to S/B 9AVE **ACCIDENT INVOLVED** ☐ DEATH ☒ PERSONAL INJURY

QUESTIONS FOR WITNESS, PASSENGER OR PEDESTRIAN ONLY

Did you see the accident? ☒ Yes ☐ No

Where were you at the time of the accident? We were walking E/B on 37ST crossing 9TH AVE.

Do you know any of the persons involved in this accident? ☒ Yes ☐ No

If yes, whom? SABRINA

At the time of the accident, was your visibility obstructed in any way? ☐ Yes ☒ No Heavy snow

If yes, describe:

QUESTIONS FOR OPERATOR OF VEHICLE ONLY

How many years have you driven?

How long have you driven the vehicle involved in the accident?

Was there any mechanical failure or defects with the vehicle you were driving?

Did you consume any intoxicants or medication prior to the accident? ☐ Yes ☒ No

If yes, what, how much & where?

Where were you coming from or going to?

Who was with you at time of accident? SABRINA

BELOW QUESTIONS TO BE ANSWERED IN ALL CASES, WHETHER SUBJECT IS OPERATOR, PASSENGER, PEDESTRIAN OR WITNESS

Briefly describe this accident? We were crossing 9TH AVE AT 37ST. We were going from West to East. We were heading toward the vintage Baron 50ST and 8TH. I was holding an umbrella. It was snowing, we had the green light. The umbrella was up, high not blocking our sight. All of a sudden the Plu Truck came around the turn and hit Sabrina. As soon as she got hit she fell, the truck stopped.

What was the cause of the accident? The driver got right out and ask if we were O.K. 10% us not looking / 90% him making a turn not giving us the right of way

INSERT ANSWERS PERTAINING TO EACH VEHICLE UNDER APPROPRIATE COLUMN

	VEHICLE NO. 1	VEHICLE NO. 2	VEHICLE NO. 3
License plate No.	<u>I don't know</u>		
Make, type and color of vehicle	<u>Pickup TRK / DARK /</u>		
Direction of travel and on what street	<u>W/B 37ST to S/B 9TH AVE</u>		
Speed of vehicle(s) involved	<u>15 MPH</u>		
Was vehicle subject to traffic control devices, signal lights, signs, pavement markings, etc.?	<u>He had the light and we had the light</u>		
Did vehicle swerve or turn to avoid contact?	<u>I never saw him coming</u>		
Immediately prior to accident, was any signal given? (horn - hand - other)	<u>MAYBE</u>		
What lights on vehicle were lighted?	<u>I don't remember</u>		
What were the points of impact?	<u>The FOLK Bunker (hit her shoulder to H)</u>		
At time of accident, were there any other vehicles on the street in the vicinity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	<u>Very few</u>		<u>And then she fell to the ground</u>
In what direction was pedestrian (if any) going? <input checked="" type="checkbox"/> With signal light <input type="checkbox"/> Against signal light <input checked="" type="checkbox"/> Walking <input type="checkbox"/> Running <input type="checkbox"/> Standing	<u>(FAST PACE)</u>		
Accident occurred during <input type="checkbox"/> Daylight <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input checked="" type="checkbox"/> Darkness			
Weather Condition <input type="checkbox"/> Clear <input type="checkbox"/> Fog <input type="checkbox"/> Rain <input checked="" type="checkbox"/> Snow (Describe)			
ROADWAY LIGHTED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Road Condition <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Muddy <input checked="" type="checkbox"/> Snowy <input type="checkbox"/> Ice <input type="checkbox"/> Other			
Obstructions of holes in street <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Signature of Witness <u>Telephone Interview</u>	RANK <u>DET</u>	Signature of Investigating Officer <u>Rooney</u>	TAX REG. NO. <u>887573</u> COMM. <u>HO</u>